STATE OF MARYLAND—CERTIFICATE OF DEATH

12154

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (93-C)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Faust, Aristotle Ambrosi If U. S. Veteran, specify WAR .....

(a) Residence: No. 14 Sherman Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ermenia Lombardi Ambrosi

6. DATE OF BIRTH (month, day, and year) Jan 18 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Mechanic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U.S. Navy Yard

10. Date deceased last worked at this occupation (month and year) 1905

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Monzambano (State or country) Italy

FATHER

13. NAME Faust Aristotle Ambrosi

14. BIRTHPLACE (city or town) Monzambano (State or country) Italy

MOTHER

15. MAIDEN NAME Catterina Rossi

16. BIRTHPLACE (city or town) Monzambano (State or country) Italy

17. INFORMANT Hugo Ambrosi

(Address) 14 Sherman Ave Takoma Park

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lutheran Cemetery, Bolivar, W. Va. Date Dec. 18, 1939

19. UNDERTAKER Warner E. Pumphrey

(Address) Silver Spring, Md.

20. FILED 12/17, 1939 J. Holmead Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1939, to Dec 16, 1939

I last saw h[illegible] alive on Dec 15, 1939; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr Deg. Myocarditis	May 1936
with Decomp.	12/3/39.

Other Contributary Causes of importance: Severe Gen Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Howard V. Snook M. D.

(Address) 28 Carroll Ave Takoma Park Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131)

12155

Reg. Dist. No. 211

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH.

County Montgomery

City or town Clarksburg Tax

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) # 73

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Clarksburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Annie E Andrews

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife George M Andrews

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 16 1865

8. AGE:

Years	Months	Days	If less than one day
73	11	17	hrs. min.

9. Birthplace Montgom (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name John T Hawkins

13. Birthplace Clarksburg Md

MOTHER 14. Maiden name Annie E Thompson

15. Birthplace Montgom Co Md

16. Informant John E Andrews

Address Clarksburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 6 1939 (month) (day) (year)

Cemetery or crematory Clarksburg ME

Location Clarksburg Tax

18. Funeral director Roy W Barber

Address Poolesville Md

19. Dec 7 1939 (Date rec'd by registrar) W E Lewis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1939, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 13 1939 to Dec. 2 1939, and that I last saw her alive on Dec. 2 1939.

Immediate cause of death	DURATION
Chronic Interstitial Nephritis	Unknown
Due to Hypertension	
Due to	
Other conditions Cerebral Haemorrhage	
Epileptic attacks	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George M. Boyer M. D. or other

Address Damascus, Md Date signed 12-4-39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12156

(95-E) CB

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Kensington Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Barnes If U. S. Veteran, specify WAR

(a) Residence: No. 1035 - 30 th. St., N.W. Ward. Washington DC

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Wilson Barnes

6. DATE OF BIRTH (month, day, and year) unk

7. AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hillary Magruder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Theresa Lyles

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Bertha Smith 1035 - 30th St. N.W.

18. BURIAL, CREMATION, OR REMOVAL Place Rockville Date Md. 12, 1939

19. UNDERTAKER (Address) W. Ernest Jarns 1432 Yon St. N.W.

20. FILED Dec. 15, 1939 Margaret C. Tremearne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; deeth is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Coronary Case

Acute Cardiac failure Found dead in bed

Other Contributory Causes of Importance:

Name of operation Date of

Whet test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any wey related to occupation of deceased?

If so, specify

(Signed) C. E. Hawkes M.D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 6 1940 BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(50)

12157

CERTIFICATE OF DEATH

Reg. Dist. No. 2 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 916 Thayer Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 916 Thayer Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary A. Biggs

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Americus E. Biggs

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1884

8. AGE: Years	Months	Days	If less than one day
55	6	27	hrs. min.

9. Birthplace Colesville, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Samuel C. Davis

13. Birthplace Sandy Spring, Md.

MOTHER 14. Maiden name Lydia Greene

15. Birthplace Spencerville, Md.

16. Informant Americus E. Biggs

Address 916 Thayer Ave., Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 23, 1939 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Bladensburg Rd., Md

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Dec 21 1939 (Date rec'd by registrar) S-O Dudley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1939, at 12:53 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1935, to Dec 21 1939, and that I last saw h alive on Dec 21 1939.

Immediate cause of death	DURATION
Metastatic Carcinoma of Lumbo-Sacral Spine and of Lung.	One year
Due to Carcinoma of Breast (Mastectomy performed Sept 26, 1935)	One year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Df operations Carcinoma of breast.

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. H. Howlett, M.D.

M. D. or other

Address 938 Sligo Ave. Silver Spring, Md. Date signed Dec. 21, 1939.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

12158

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Near Rockville Md R7 #2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Near Rockville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Maria J. Bladen

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: Andrew Bladen (deceased) 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan. 9, 1859

8. AGE:

Years	Months	Days	If less than one day
80	11	14	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Housemaid

11. Industry or business

FATHER 12. Name: Ambrose Gantt

13. Birthplace: Virginia

MOTHER 14. Maiden name: Jane Gardner

15. Birthplace: Virginia

16. Informant: Virgie Testerman

Address: Rockville, Md. R.7.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-25-39 (month) (day) (year)

Cemetery or crematory: Herndon Cemetery

Location: Virginia

18. Funeral director: The S. P. Hines

Address 2901 14th St. N.W. Wash. D.C.

19. Dec 24th 1939 B.C. Perry M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23, 1939 at 5.9. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19, 1939, to Dec 23 1939

and that I last saw h-er alive on Dec 22 1939

Immediate cause of death	DURATION
Pulmonary edema	
Due to Chronic arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. G. Campbell M.D.

M. D. or other

Address: Bethesda, Md. Date signed: Dec 23-39

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JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12159

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery, Maryland Registration Dist. No. 223-

Village or City Takoma Park, No. The Washington Sanitarium and Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 2 yrs. 20 mos. ds. How long in U.S. if of foraign birth? 29 yrs. mos. ds.

2. FULL NAME Constantine Paul de Blumenthal If U. S. Veteran, specify WAR

(a) Residence: No. 1722 Connecticut Ave. St., Ward.

(Usual place of abode) Washington, D.C. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorcad HUSBAND of (or) ~~WIFE of~~ Larissa de Blumenthal

6. DATE OF BIRTH (month, day, and yaar) 2-9-1865

7. AGE Yaars	Months	Days	If LESS than 1 dey, hrs. or min.
74	9	5-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Translator

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Government

10. Date deceased last worked at this occupation (month and year) Dec. 13, 1939

11. Total time (years) spent in this occupation 6yrs.

12. BIRTHPLACE (city or town) Ryazan (State or country) European Russia

FATHER

13. NAME Julias de Blumenthal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sophie de Blumenthal

16. BIRTHPLACE (city or town) Helsingfors (Stete or country) Finland

17. INFORMANT Wash San & Hosp. (Address) Takoma Park Md

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date 12/2, 1939

19. UNDERTAKER W. W. Chambers Co. (Address) 1400 Chapin St. N.W.

20. FILED 12/2, 1939 [signature] Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attandad dacaased from Oct 27, 1939, to Dec 2, 1939

I last saw him alive on Dec 1, 1939; deeth is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and relatad ceuses of importance ware as follows:

	Date of onset
Arteriosclerotic heart disease - left ventricular failure & Cardiac asthma	Sept 1
Other Contributory Causes of importance:	
Heart failure	Sudden
Senility	

Name of operetion Date of

What test confirmad diagnosis? EKG Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: 0

Accident, suicida, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Was diseasa or injury in eny way ralated to occupation of deceased? 0

If so, specify

(Signad) Cyril H. Holohan M. D.

(Addrass) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

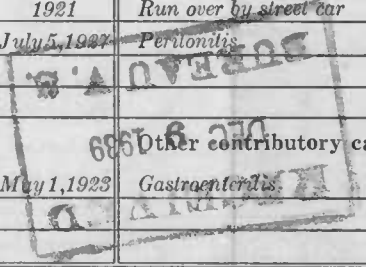
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

12160

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Bethesda, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Louis Edward Bolton

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Frances Bolton
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 17, 1880

8. AGE:

Years	Months	Days	If less than one day
59	10	10	hrs. min.

9. Birthplace: Montgomery County, Maryland
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: Louis Bolton
13. Birthplace: Unknown

MOTHER
14. Maiden name: Ida Oden
15. Birthplace: Unknown

16. Informant: Earl Edward Bolton
Address: End of Norwood Drive, Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 30, 1939 (month) (day) (year)
Cemetery or crematory: Pleasant Hill
Location: Darnestown, Maryland

18. Funeral director: Wm. Reuben Pumphrey
Address: 7005 Wisconsin Ave., Bethesda, Md.

19. 12-30 (Date rec'd by registrar) 1939 B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 27 1939, at 11 10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939, to Dec 27 1939
and that I last saw him alive on Dec 26 1939

Immediate cause of death	DURATION
Cerebral Embolism	Instant
Due to Coronary Thrombosis	7 months
Due to	
Other conditions Cebral Thrombosis	7 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Bradley D. Hodgkiss M.D.
M.D. or other
Address: 4600 Davy Chase Blvd Date signed: Dec 29/1939

RECEIVED
JAN 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53-E)

12161

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Alta Vista - Bethesda.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 11 Maple Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 mo 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Woodfield Ward No. 12
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. Gaithersburg
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Bowie, Donald McAlpin III

3. (b) Social Security Number:

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug 30 1937

8. AGE: Years: 2 Months: 3 Days: 19 If less than one day: hrs. min.

9. Birthplace: Wash D.C.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Donald Bowie Jr.
13. Birthplace: Montgomery Co. Md.

MOTHER
14. Maiden name: Laura O. Burdette
15. Birthplace: Montgomery Co. Md.

16. Informant: Donald Bowie Jr.
Address: Gaithersburg Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 21 1939 (month) (day) (year)

Cemetery or crematory: Wesley Grove

Location: Woodfield, Md.

18. Funeral director: J. B. Beall Inc.
Address: Damascus, Md

19. 12-19 1939 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 19 1939, at 6 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1939, to Dec 19 1939, and that I last saw h 1 m alive on Dec 19 1939.

Immediate cause of death: metastasis of sarcoma to central nervous system

Due to: (original malignancy in Pelvis)

Due to: Primary in soft tissues of pelvis, anterior to sacrum and around ureters

Other conditions: and sacral nerves. C.W.G.R.

Recurrence 2½ years after partial removal of tumor.
(Include pregnancy within 8 months of death)

Major findings:

Of operations: Infiltrating pelvic sarcoma.

Of autopsy:

DURATION: 2 yr 3 mo 19 days.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John H Peacock M. D. or other

Address: 3547 Chesapeake St NW Wash D.C. Date signed: Dec 19, 1939

RECEIVED
JUN 5 1940
BUREAU V. S.

12162

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: 4506 Elm St., Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Matilda S. Brightwell

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John W. Brightwell

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 27, 1848

8. AGE:	Years	Months	Days	If less than one day
91	91	3	15	____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Alexandria McCormick
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden name: Elizabeth Young
15. Birthplace: Maryland

16. Informant: Howard Cunningham
Address: Elm St., Chevy Chase, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 15, 1939 (month) (day) (year)

Cemetery or crematory: Glenwood, Washington, D.C.

Location: Washington, D.C.

18. Funeral director: Wm. Reuben Pumphrey
Address: 7005 Wisconsin Ave., Bethesda, Md.

19. 12-14 1939 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 13 1939, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Dec 13 1939, and that I last saw her alive on Dec 13 1939.

Immediate cause of death: Myocarditis Uremia

Due to: Chronic myocarditis arteriosclerosis Chronic nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: James F. Davidson M.D. M. D. or other

Address: 203 Elm Chevy Chase Md. Date signed: 12-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
BUREAU V. S.

12163

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (95E) CB

County of Montgomery Registration Dist. No. 223-

Village or City Takoma Park-Md. No. Wash. San & Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 19 ds. How long in U.S. if of foreign birth? 78 yrs. mos. ds.

2. FULL NAME Broomhead - Mr Harvy If U. S. Veteran, specify WAR

(a) Residence: No. 606 Harvard Hall St., Ward. Wash. D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White ~~American~~

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fineron - Mary

6. DATE OF BIRTH (month, day, and year): Aug 3 - 1857

7. AGE: Years 82 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Hardware

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Files Manufacturer

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 67

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Broomhead - John

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Hulley - Sarah

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT (Address): Wash. San & Hosp. Takoma Park Md.

18. BURIAL, ~~CREMATION,~~ OR REMOVAL

Place: Calvert Cemetery, Cleveland, Ohio Date: Dec. 18, 1939

19. UNDERTAKER (Address): Warner E. Pumphrey Silver Spring, Md

20. FILED: 12/16/39 J. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 15, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1939, to 12/15, 1939

I last saw her alive on 12/15, 1939; death is said to have occurred on the date stated above, at 3:40 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy & urinary obstruction & [illegible] heart disease	yrs
Other Contributory Causes of importance:	
Myocardial failure	2 wks
Senility	

Name of operation: NO Date of

What test confirmed diagnosis? NONE Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following: NO

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Chas H. Nolohan M. D.

(Address) Takoma Park, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 4 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

12164

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 202 Biltmore Drive
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 202 Biltmore Drive
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lillian I. Brown

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Roland H. Brown
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1901

8. AGE: Years 38 | Months 8 | Days 22 | If less than one day hrs. min.

9. Birthplace Derby, Penna. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home

FATHER
12. Name John F. Troupe
13. Birthplace Philadelphia, Penna.

MOTHER
14. Maiden name Emily A. Hey
15. Birthplace England

16. Informant Roland H. Brown
Address 202 Biltmore Drive

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2, 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Fort Lincoln
Location Bladensburg Rd., Md.
18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.

19. Dec 31 1939 (Date rec'd by registrar) J. E. Windsor Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1939, at 1:20 P.M. (Dec. 30 1:20 P)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 30 1938, to Dec 30 1939, and that I last saw h[er] alive on Dec. 30 1939.

Immediate cause of death Metastatic Carcinoma of Lung — DURATION 6 months
Due to secondary to Carcinoma of right breast — 2 years
Due to —
Other conditions Chronic Myocarditis — 8 months
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Breast amputated May 15 1938 followed by Deep X Ray Therapy.
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. W. Howlett M. D.
M. D. ~~or other~~
Address 928 Sligo Ave Silver Spring Md. Date signed Dec 31, 1939

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (92a)

12165

Reg. Dist. No. 2-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Colesville rural near Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Colesville, rural near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Silver Spring
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Walter Milton Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Sophia R. Brown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1875

8. AGE:

Years	Months	Days	If less than one day
64	2	24	____ hrs. ____ min.

9. Birthplace District of Columbia
(Town, county, and state)

10. Usual occupation Commission Wholesaler

11. Industry or business Fresh meats

FATHER
12. Name Walter Brown
13. Birthplace Md.

MOTHER
14. Maiden name Mary E. Ford
15. Birthplace New York

16. Informant Mrs. Sophia R. Brown
Address Colesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 8, 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Colesville M. E. Church

Location Colesville, Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Dec 7 1939 (Date rec'd by registrar) J. E. Dudley Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1939, at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1937, to Dec. 5 1939, and that I last saw him alive on Dec 5 1939.

	DURATION
Immediate cause of death: Chronic myocarditis + Chronic Valvular Heart Disease	
Due to	
Due to	
Other conditions: Arteriosclerosis Cerebral hemorrhages. (Include pregnancy within 3 months of death)	Jan 1938

Major findings:

20 operations

20 autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Marion Bankhead M. D. or other

Address Silver Spring, Md Date signed Dec 6, 1939

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12165

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montg. Co. General Hospital

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Laytonsville Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Stillborn Baby Diggs Budd

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 6, 1939

8. AGE: Years | Months | Days | If less than one day: Still hrs. born min.

9. Birthplace Olney, Montgomery Co. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER — 12. Name Robert Budd

13. Birthplace Maryland

MOTHER — 14. Maiden name Essie Diggs

15. Birthplace Laytonsville, Md.

16. Informant Hospital Records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8 1939 (month) (day) (year)

Cemetery or crematory Oak Grove md

Location Mt Zion md

18. Funeral director Roy W Barber

Address Laytonsville md

19. Dec 7 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1939 at 12 45 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 6 1939 to December 6 1939, and that I last saw him alive on — 19—

Immediate cause of death	DURATION
Stillborn	
Due to Congenital Lues	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md. Date signed 12-6-39

RECEIVED
JAN 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(108)

12167

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town nr. Cedar Grove
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Montgomery
City or town Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Wm. J. Butcher

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	~~Widower~~ Divorced

8 (b) Name of husband or wife Unknown
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE:

Years	Months	Days	If less than one day
79	—	—	hrs. min.

9. Birthplace Montg. Co. Md. (Town, county, and state)
10. Usual occupation Retired Farm hand
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. Myrtle Pugh
Address R. D. Gehmantown Md

17. Burial Date thereof Dec. 29 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Beallsville Cemetery
Location Beallsville, Md.

18. Funeral director Roy W. Barber
Address Laytonsville Md.

19. Dec 28 1939 Della V. Burdette Dep't. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1939, at 69 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26 1939 to Dec 27 1939, and that I last saw him alive on Dec 26 1939.

	DURATION
Immediate cause of death Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M. D.
M. D. or other
Address Damascus, Md. Date signed

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (185)

12168

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Dawsonville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

(Rural)

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2yrs-9mo-25da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Dawsonville Md (Rural) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harry Eugene Clipper

3. (b) Social Security Number

4. Sex	5. Color or race	6. If single, married, widowed, or divorced
Male	Negro	Single.

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 20th 1937

8. AGE:

Years	Months	Days	If less than one day
2	9	25	— hrs. — min.

9. Birthplace Dawsonville Montg Co Md. (Town, county, and state)

10. Usual occupation At home.

11. Industry or business

FATHER 12. Name Albert Clipper

13. Birthplace Seneca Md.

MOTHER 14. Maiden name Helen Harper

15. Birthplace Dawsonville Md

16. Informant Albert Clipper (Father)

Address Dawsonville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-18-1939 (month) (day) (year)

Cemetery or crematory Seneca Colored Church.

Location Seneca Md (Rockville)

18. Funeral director Clarence Davis Davis and Snowden.

Address Poolesville Md

19. Dec 17 1939 Elv. White

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1939 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 1st 1939 to Dec 15th 1939

and that I last saw h— alive on Dec 15th 1939

Immediate cause of death Accidental fractured wound of face penetrating the base of brain

DURATION Dec 1st to Dec 15th/39

Due to Acute Meningitis

Due to infection from wound.

Other conditions Skull. Fracture (Meningitis)

Fell accidently and pony reasons

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Dec 1st/39

Where did injury occur (Home) Dawsonville (City or town) Montg (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of Injury Accidental fall Injured at work?

23. SIGNATURE Upton D. Norris M.D

M. D. or other

Address Dawsonville Date signed 12/16/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12169

CERTIFICATE OF DEATH

Reg. Dist. No. 216

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Montgomery

City or town: 125 E. Thornapple St., Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Seven Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 125 E. Thornapple St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Relia L. Courtney

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: David J. Courtney

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): January 13, 1868

8. AGE: Years	Months	Days	If less than one day
71	11	22	____hrs. ____min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: James H. Beall
13. Birthplace: Maryland

MOTHER
14. Maiden name: Elizabeth A. Morgan
15. Birthplace: Maryland

18. Informant: David J. Courtney
Address: 125 E. Thornapple St., Chevy Chase

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 7th 1939 (month) (day) (year)

Cemetery or crematory: Rock Creek Cemetery

Location: Washington, D.C.

18. Funeral director: W. Reuben Pennybacker

Address: 7005 Wisconsin Ave. Bethesda

19 Dec. 6th 1939 (Date rec'd by registrar) H. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5 1939, at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7 1939, to Dec. 5 1939, and that I last saw h-- alive on Dec. 5 1939.

Immediate cause of death	DURATION
Angina Pectoris	
Due to	
Due to	
Other conditions: Cholecystetis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. A. A. Dunn M.D.
M. D. or other

Address: Bethesda Md. Date signed: Dec. 6 '39

RECEIVED
JUN 5 1940
BUREAU V. E.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12170

94-a

1. PLACE OF DEATH

County Montg Co Registration Dist. No. 218

Village or City Gaithersburg Md No. Methodis Home for Aged Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Tristram Smith Cox If U. S. Veteran, specify WAR

(a) Residence: No. ~~Gaithersburg Md~~ Royal Oak St., Ward. Md
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian B Cox

6. DATE OF BIRTH (month, day, and year) May 22, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1859 80	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. " "

10. Date deceased last worked at this occupation (month and year) # 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Easton
(State or country) Md

FATHER

13. NAME Tristram Cox

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Margrett Kirby

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Methodis Home, H M Wilson,
(Address) Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL
Place Spring Hill Cemetary Date Jan 1st 40

19. UNDERTAKER Ernest C Gartner
(Address) Gaithersburg Md

20. FILED Dec. 30, 1939 Ahuda L Coale
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 29 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September, 1935, to December 1939

I last saw him alive on Dec. 29, 1939; death is said to have occurred on the date stated above, at 10:30 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 29

Other **Contributory Causes** of importance:

Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Arthur F. Kuhn M. D.

(Address) Rockville Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12171

STATE OF MARYLAND—CERTIFICATE OF DEATH

47B

1. PLACE OF DEATH

County of Montgomery Registration Dist. No. 223—

Village or City Takoma Park, Maryland No. Wash San + Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Daly - Mrs Georgia Talley If U. S. Veteran, specify WAR

(a) Residence: No. 8101 Flower Ave. Silver Springs, Md. Ward. Silver Springs, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.

4. COLOR OR RACE: American

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daly - Mr John Andrew

6. DATE OF BIRTH (month, day, and year): January 15 - 1876

7. AGE: Years 63 | Months 10 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): May - 1939

11. Total time (years) spent in this occupation: 29 yrs.

12. BIRTHPLACE (city or town) (State or country): Media Pennsylvania

FATHER

13. NAME: Talley - Mr John Cooper

14. BIRTHPLACE (city or town) (State or country): Wilmington Deleware

MOTHER

15. MAIDEN NAME: Webb - Mary

16. BIRTHPLACE (city or town) (State or country): Media Pa

17. INFORMANT (Address): Wash. San. & Hospital Records Takoma Park, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place: Wash. D.C. Date: 12/8, 1939

19. UNDERTAKER (Address): The S H Hines Co 2901-14-N.W.

20. FILED: 12/8, 1939 J. Thomas Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 7th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1939, to Dec 7th, 1939

I last saw her alive on 12-7, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma lungs	8-10-39

Other Contributory Causes of importance:

Metastases to brain & myocardial failure	10 days

Name of operation: 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. W. Conklin M. D.

(Address) 3100 - 70 - N.E. DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH

County Montgomery.

City or town Rockville.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery.

City or town Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Homer Franklin Davis

3. (b) Social Security Number 078-05-1120

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27, 1918

8. AGE: Years 20 | Months 11 | Days 13 | If less than one day hrs. min.

9. Birthplace Alexandria Va. (Town, county, and state)

10. Usual occupation Mechanic.

11. Industry or business Automobile

FATHER

12. Name Frank Davis.

13. Birthplace Md.

MOTHER

14. Maiden name Mae Neff.

15. Birthplace Va.

18. Informant Mrs Mae Davis.

Address Rockville, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 12, 1939 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Blaidensburg, Prince George Co Md.

18. Funeral director Wm Reuben Pumphrey

Address Rockville & Bethesda Md.

19. Dec. 12 1939 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1939, at 4:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Coroner Case

Third degree burns over entire body left arm burned off up to elbow

Due to Rest of body not recognizable

Other conditions A burning building was involved. Case R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations House in which deceased was asleep caught fire and burned down.

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/10/39

Where did injury occur? Rockville (City or town) Mont (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Burns Injured at work? No

23. SIGNATURE C. E. Hawks M.D. Deputy Med Exp of Mont Co

Address Rockville Md Date signed 12/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

(1)

RECEIVED
DEC 20 1939
BUREAU V. S.

12173

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

207-7

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Montgomery Co Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sandy Springs Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Montgomery

City or town Near Redland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Otto Day

3. (b) Social Security Number 220.09.3389

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6(c) If alive, give age None years

7. Birth date of deceased (mo., day, yr.) 29 August 1920

8. AGE: Years 19 Months 3 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co.
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business Farm

FATHER
12. Name Daniel B Day
13. Birthplace Montgomery Co Md

MOTHER
14. Maiden name Lottie Rease
15. Birthplace Montgomery Co Md

16. Informant Daniel B Day
Address Dunwood Md

17. Burial (Burial, cremation, or removal Which?) Date thereof Dec 7 1939 (month) (day) (year)

Cemetery or crematory Church of the Brethren

Location Redland Md

18. Funeral director Roy W Barber
Address Poytonsville Md

19. Dec. 7 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1939, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw ___ alive on ___ 19___

Immediate cause of death Both legs crushed below knee amputated at knee joint. Shock + Due to Hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/4/39

Where did injury occur? Washington Grove Md (City or town) (County) (State) or

Injured at home, farm, industry, public place (where?) at R.R. Station

Means of injury Train Injured at work? No

23. SIGNATURE C. E. Hawks M.D.
Deputy Med Exp Mont Co
M.D. or other

Address Rockville Md Date signed 12/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

12174

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Rockville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 30 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Laura C. Day (Mrs)

3. (b) Social Security Number none

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife William S. Day

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 8 1880

8. AGE: Years 59 Months 7 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co. Md (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Rufus K. King

13. Birthplace Montgomery Co. Md

MOTHER 14. Maiden name Emma Bowman

15. Birthplace Montgomery Co. Md

16. Informant W. S. Day

Address Rockville Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 20, 1939 (month) (day) (year)

Cemetery or crematory Damascus

Location Damascus Md

18. Funeral director Wm Reuben Pumphrey

Address Rockville Maryland

19. 12-20 1939 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1939, at 5 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Coroner Case Suicide Cut throat with butcher knife & died of hemorrhage

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M. D. Mother

Deputy med Ex Mont Cnty

Address Rockville Md Date signed 12/19/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

12175

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery County Registration Dist. No. 214

Village or City Burtonsville, Md (RED) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Dodson If U. S. Veteran, specify WAR

(a) Residence: No. Burtonsville, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) Dec 9, 1939

7. AGE Years Months Deys If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery County Burtonsville, Md

FATHER

13. NAME Arthur Dodson

14. BIRTHPLACE (city or town) (State or country) Fairfax County Va.

MOTHER

15. MAIDEN NAME Edith Irene Beavers

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Arthur Dodson Burtonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Burtonsville Md Date Dec 9, 1939

19. ~~UNDERTAKER~~ Father (Address) Arthur Dodson Burtonsville Md

20. FILED Dec 9, 1939 F. E. Dudley Jr Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 9, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-9-, 1939, to 12-9-, 1939

I last saw him alive on 12-9-, 1939; death is said to have occurred on the date stated above, at 5 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Maternal Nephritis

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) B. Pitman M. D.

(Address) Laurel, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12176

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE... Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Milton Fairchild If U. S. Veteran, specify WAR

(a) Residence: No. 804 Flower ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salome Cutler Fairchild

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Educator

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lansing (State or country) Mich

FATHER

13. NAME George T. Fairchild

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Charlotte P. Holsted

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Arthur W. White (Address) 4901 Battery Lane Bethesda Md.

18. BURIAL, CREMATION, OR REMOVAL Place Rock Creek Date Dec 27, 1939

19. UNDERTAKER The S. H. Hines Co. (Address) 2201-14th St. N.W.

20. FILED 12/26, 1939 J. Pitman Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 26, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937 to Dec 26, 1939

I last saw him alive on March 16, 1939; death is said to have occurred on the data stated above, at 11:10 Am.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-26-39
Other Contributory Causes of importance:	
Chr. Nephritis	1927
Parkinsonian Disease	1927

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wallis I. Myers M. D.

(Address) 2030 R St. N.W. Washington

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-0)

12177

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Clifton Park

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Clifton Park

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish American War

3. (a) FULL NAME Charles Edward Florence

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence Adell Florence

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1875

8. AGE:

Years	Months	Days	If less than one day
64	5	9	hrs. min.

9. Birthplace Derby, Conn. (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business General Merchandise

FATHER 12. Name Edward P. Florence

13. Birthplace Conn.

MOTHER 14. Maiden name Violetta Rawlings

15. Birthplace Connecticut

16. Informant Mrs Florence A. Florence

Address Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21, 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Arlington National

Location Fort Meyer, Va.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Dec 20 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1939, at 8:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1937, to Dec. 18 1939, and that I last saw him alive on Dec 17 1939.

	DURATION
Immediate cause of death Chronic Myocarditis	2 years
Due to Arteriosclerosis	4 years
Due to	
Other conditions General Oedema	2 months

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

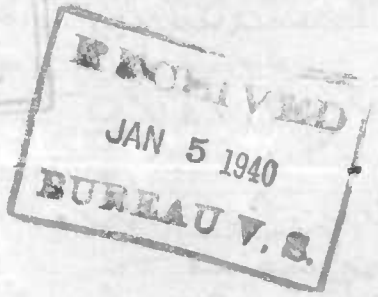
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. N. Howlett M. D. or other

Address 928 Sligo Ave. Silver Spring, Md. Date signed Dec 18, 1939

8402
Maple



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12178

93-C

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery County

City or town Olney, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

The Montgomery County General Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days) ____

Stay in this community (yrs., or mos., or days) 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Boyds, Maryland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural - Back Lodge

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME George Fox

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ____

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 23, 1891

8. AGE: Years	Months	Days	If less than one day
48	5	7	____ hrs. ____ min.

9. Birthplace Montgomery Co, Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm -

FATHER

12. Name Charles E. Fox

13. Birthplace Prince William Co, Virginia

MOTHER

14. Maiden name Martha Frye

15. Birthplace Luckettsville Virginia

16. Informant Hospital records.

Address Olney, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/2/40 (month) (day) (year)

Cemetery or crematory Monocacy

Location Buckeville, Md

18. Funeral director William B. Hilton

Address Barnesville, Md.

19. Dec. 30 1939 Gertrude B. Lawler

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 10 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 17 1939, to December 30 1939, and that I last saw him alive on December 30 1939.

Immediate cause of death	DURATION
Acute cardiac dilitation	2 days
Due to tonsilitis	
Due to Chronic Myocarditis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations ____

Of autopsy — no —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE J. W. Bell M. D. or ~~other~~

Address Sandy Spring, Md. Date signed 12/30/39

MARGIN RESERVED FOR BINDING

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

12179

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Kenwood

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 704 Dorset Ave., Kenwood, Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Kenwood Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 704 Dorset Ave., Kenwood, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish American War

3. (a) FULL NAME Chas H. Fullaway

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

B (b) Name of husband or wife Gertrude K. Fullaway

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 22, 1876

8. AGE: Years 63 Months 4 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)

10. Usual occupation Bureau of Budget

11. Industry or business

FATHER 12. Name William H. Fullaway

13. Birthplace Pennsylvania

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Gertrude K. Fullaway

Address 704 Dorset Ave., Kenwood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/21/39 (month) (day) (year)

Cemetery or crematory Litchfield, Minnesota

Location Litchfield, Minnesota

18. Funeral director Wm. Reuben Pumphrey

Address 7005 Wis. Ave. Bethesda, Md.

19. Dec. 20th 1939 (Date rec'd by registrar) B.C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1939, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw him alive on ___ 19___.

Immediate cause of death Coroner Case Acute Cardiac failure probably myocarditis with dilated heart. Did not have physician on account of religious beliefs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawk M.D. or other

Address Rockville, Md. Date signed 12/19/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12189

1. PLACE OF DEATH (942)

County Montgomery Registration Dist. No. 213

Village or City Rockville, Md No. County Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Henry Gill If U. S. Veteran, specify WAR .....

(a) Residence: No. ~~County Home~~ St., Ward. (Usual place of abode) Kensington, Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	

5a. ~~If married, widowed,~~ or divorced HUSBAND of ~~(or) WIFE of~~ Carrie Gill

6. DATE OF BIRTH (month, day, and year) Aug. 7 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joe Gill

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia G. Kirk

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Carrie Gill (Address) Montrose, Md

18. BURIAL, CREMATION, OR REMOVAL Place Burtonsville Md Date 12/20, 1939

19. UNDERTAKER Warren E. Humphrey (Address) Rockville, Md.

20. FILED 12-20, 1939 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 17, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from September, 1939, to December 17, 1939. I last saw him alive on Dec. 16, 1939; death is said to have occurred on the date stated above, at 8:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Dec. 15, 1939

Other Contributory Causes of importance: Arterio-sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. V. Hartley M. D.

(Address) Rockville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Former residence

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 8 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH

County Montg Co,

City or town Gaithersburg Md City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montg

City or town Gaithersburg Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edmund A Gloyd

3. (b) Social Security Number None,

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emily A Gloyd

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.): Mar 21 1863

8. AGE:

Years	Months	Days	If less than one day
1863 76	8	29	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Retired Farmer,

11. Industry or business

FATHER

12. Name: Alexandria Gloyd

13. Birthplace: Md

MOTHER

14. Maiden name: Emily Clement

15. Birthplace: Md

16. Informant: Mr Russel Gloyd

Address: Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 22 39 (month) (day) (year)

Cemetery or crematory: St Rose, Cloppers Md

Location: Near aithersburg Md

18. Funeral director: Ernest C Gartner

Address: Gaithersburg Md

19. Dec. 21 1939 (Date rec'd by registrar) Alveda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19th 39 19 , at 6-15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1939, to Dec 19 1939, and that I last saw h alive on dead when seen 19

Immediate cause of death: Coronary Thrombosis — DURATION —

Due to: Chronic Valvular heart disease 3 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. J. Broichart M. D. or other

Address Gaithersburg Md Date signed 12-20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12182

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(59)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington San. & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. John Allen Gray If U. S. Veteran, specify WAR ...

(a) Residence: No. R. F. D. #1 Silver Springs Md. St., Ward. Silver Springs, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Martha Gray

6. DATE OF BIRTH (month, dey, end year) June 18, 1891

7. AGE	Yeers	Months	Deys	If LESS then 1 dey, ... hrs. or ... min.
	48	5	22	

OCCUPATION

8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Farming

10. Dete deceased lest worked at this occupation (month end year) 4 years ago

11. Total time (years) spent in this occupation 25 yers

12. BIRTHPLACE (city or town) Wheaton, Montgomery Co. (State or country) Maryland

FATHER

13. NAME William Gray

14. BIRTHPLACE (city or town) Wheaton (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Bowman

16. BIRTHPLACE (city or town) Wheaton (State or country) Maryland

17. INFORMANT Washington Sanitarium & Hospital Records (Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Colesville Cemetery Dec. 12, 1939

19. UNDERTAKER Warner & Dunnplay (Address) Silver Spring Md

20. FILED 12/14, 1939 J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 10 (Day), 1939 (Yeer)

22. I HEREBY CERTIFY, Thet I attended deceesed from Dec 1, 1939, to Dec 10, 1939

I lest saw him alive on Dec 10, 1939; deeth is said to have occurred on the date steted above, et 12 3/4 a.m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:

	Date of onset
Diabetes Mellitus with	5 yrs
wet gangrene	ago

Other ~~Contributory Causes~~ of importence: Arteriosclerosis

Malnutrition

Name of operetion Drainage Date of 12-7-39

What test confirmed diegnosis? Clinical Wes there en autopsy? No

23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ... Dete of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ...

Neture of injury ...

24. Was disease or injury in eny way related to occupation of deceased? No

If so, specify ...

(Signed) Robert Ashare, M. D.

(Address) Takoma Park, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12183

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Rockville R F D

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: near Bells Mill

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life in Montg Co

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town R F D Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Emma Harris

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James W Harris

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 18 - 1852

8. AGE: Years: 87 | Months: 3 | Days: 11 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Montgomery Co Md

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER

12. Name: Isaac O'Neal

13. Birthplace: Unknown

MOTHER

14. Maiden name: Mary Unknown

15. Birthplace: Unknown

16. Informant: James Harris (son)

Address: R F D Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 1 1940 (month) (day) (year)

Cemetery or crematory: Rockville Union

Location: Near Rockville

18. Funeral director: Wm. Reuben Dunsbury

Address: Rockville Maryland

19. Dec 30 1939 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1939, at 3:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26 1939 to Dec. 29 1939, and that I last saw her alive on Dec. 28 1939.

	DURATION
Immediate cause of death: Bronchio-pneumonia	3 days
Due to	
Due to	
Other conditions: Influenza	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. V. Hartley M. D. or other

Address Rockville Md Date signed Dec. 29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12184

CERTIFICATE OF DEATH (95f)

Reg. Dist. No. 511

1. PLACE OF DEATH:
County Montgomery
City or town Nr. Clarksburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Nr. Clarksburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME William Alfred Hawkins

3. (b) Social Security Number Lost.

4. Sex M
5. Color or race C.
6.(a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Willie Mae Hawkins
6(c) If alive, give age 37 years
7. Birth date of deceased (mo., day, yr.) Nov. 7, 1894

8. AGE: Years 44 Months 1 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Nr. Purdum Montg. Co., Md.
(Town, county, and state)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Joseph Hawkins
13. Birthplace ~~Mamie~~ Baltimore Co., Md.
MOTHER
14. Maiden name Mamie Lyles
15. Birthplace Hyattstown, Md.
16. Informant Mrs. Wm. Hawkins
Address Clarksburg, Md.
17. Burial Date thereof 12/25/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Pleasant Grove,
Location Purdum, Md.
18. Funeral director Roy W. Barber
Address Laytonsville, Md.
19 39 Dec 25 19 Wm. E. Lewis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1939, at 3 15 a M

21. I CERTIFY that death occurred on the date above stated; that I ~~attended~~ saw deceased from Dec. 23 1939, to 19
and that I last saw him ~~alive~~ dead on Dec. 23 1939.

Immediate cause of death Probably Heart attack a few minutes always appeard healthy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M.D.
M. D. or other
Address Damascus, Md. Date signed Dec. 23, 39.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210m)

12185

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Near Bethesda Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Rural Near Bethesda Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Francis Eugene Heffner

3. (b) Social Security Number No

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Jane Rebecca Heffner

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) November 16, 1854

8. AGE: Years 85 Months 0 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name George Heffner

13. Birthplace Frederick County, Md.

MOTHER 14. Maiden name Frances Vincent

15. Birthplace Frederick County, Md.

16. Informant Mrs. Milton Austin

Address Wilson Lane, Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/11/39 (month) (day) (year)

Cemetery or crematory Mt. Zion

Location Bethesda, Md.

18. Funeral director Wm. Reuben Pumphrey

Address 7005 Wisconsin Ave., Bethesda, Md.

19. Dec. 11th 1939 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8 1939, at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw ___ alive on ___ 19___.

Immediate cause of death Coroner Case Crushing fracture of Skull & Hemorrhage

DURATION

Due to Both legs fractured

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/8/39

Where did injury occur? Near Bethesda (City or town) Mill (County) (State)

Injured at home, farm, industry, public place (where?) Roadside

Means of injury Hit By auto Injured at work? No

23. SIGNATURE O. E. Hawks M. D. or other

Address Rockville Md Date signed 12/8/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47B)

CERTIFICATE OF DEATH

12186

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 208 - Spring St.,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Helmuth

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida L. Helmuth

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec., 6th 1865

8. AGE:

Years	Months	Days	If less than one day
74	—	19	hrs. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation U. S. Govt. (Retired)

11. Industry or business Plate printer

FATHER 12. Name Louis Helmuth

13. Birthplace Berlin, Germany

MOTHER 14. Maiden name Barbara M. Brant

15. Birthplace Baltimore, Md.

16. Informant Mrs. Ida L. Helmuth

Address 208 - Spring St., Ch. Ch. Md.

17. Burial Date thereof Dec. 27-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rock Lincoln

Location Md.

18. Funeral director Howard K. Tabler

Address 4217 - 9th St. N.W., Wash., D.C.

19. Dec. 27th 1939 B. C. Perry, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1937 19 to Dec. 25 1939, and that I last saw him alive on Dec. 25 1939.

Immediate cause of death	DURATION
Carcinoma of Lungs	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arnold McNutt M.D.
M. D. or other

Address 1835 Eye St., Date signed Dec. 25 1939

RECEIVED
JAN 5 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12187

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Unnamed~~ Carroll Fee ~~female~~ Helms If U. S. Veteran, specify WAR .....

(a) Residence: No. 5725 - 12th St. N.E. St., ... Ward. Washington D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	No

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, and year) December 10, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ——

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ——

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Washington Sanitarium & Hospital (State or country) Takoma Park, Md.

FATHER

13. NAME Rembert Carlyle Helms

14. BIRTHPLACE (city or town) Boler (State or country) Virginia

MOTHER

15. MAIDEN NAME Ida Simpson

16. BIRTHPLACE (city or town) Belle Fourche (State or country) South Dakota

17. INFORMANT Washington San & Hospital Records (Address) Takoma Park Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC Date 12/31, 1939

19. UNDERTAKER W. W. Chambers Co. (Address) 1400 Chapin St. N.W. Wash. DC

20. FILED 12/31, 1939 J. Helm Beth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 30 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1939, to December 30, 1939

I last saw her alive on December 30, 1939; death is said to have occurred on the date stated above, at 11:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Foetal malformations	
Spina bifida	Dec. 10
Hydrocephalus	" 10

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. F. McNeill M. D.

(Address) .....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12188

Reg. Dist. No. 218

1. PLACE OF DEATH:

County: Montg Co.

City or town: Germantown Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montg

City or town: Germantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma Florence Hood

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Marion Hood

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 11 1859

8. AGE: Years	Months	Days	If less than one day
1859 80	10	16	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: Samuel Crawford
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Ann Clay
15. Birthplace: Md

16. Informant: Mrs Milton Kirby
Address: Germantown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 29th 39 (month) (day) (year)
Cemetery or crematory: Mount Olivet
Location: Frederick Md

16. Funeral director: Ernest C Gartner
Address: Gaithersburg Md,

19 Dec. 28 1939 (Date rec'd by registrar) Alveda L. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 27 19 39, at 4. Am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/23 1939, to 12/26 1939 and that I last saw h— alive on 12/26 1939

Immediate cause of death: Lobar Pneumonia — DURATION: 2 days

Due to: Severe Cold and Endocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Df operations:

Df autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. N. Simpson M.D.
M. D. or other

Address: Gaithersburg Md. Date signed 12/28/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94?)

CERTIFICATE OF DEATH

12189

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lofs time as County

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Olney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Bruce C. Hoskinson Olney 2nd | **3. (b) Social Security Number** None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	divorced married

6 (b) Name of husband or wife Nettie Hoskinson
6(c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) Mar 10 - 1873

8. AGE: Years 66 | Months 9 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Montgomery Co - Md (town, county, and state)
10. Usual occupation Merchant - Own Business
11. Industry or business Store & Filling Station

FATHER
12. Name Hilary Hoskinson
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Hoskinson (Cousin)
15. Birthplace Maryland

16. Informant Harry Hoskinson
Address 3410 - Garfield St - N.W - Wash D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19/1939 (month) (day) (year)
Cemetery or crematory Damascustown Pres. Church Cem
Location Damascustown - Md
18. Funeral director Wm. Reuben Humphrey
Address Rockville - Maryland

19. Dec. 18 1939 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION about 3:20 A M

20. DATE OF DEATH Dec 17 1939

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw alive on ____ 19____

Immediate cause of death Coroners Case — DURATION

Due to Coronary occlusion. Died without attendence of physician

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C E Hawks
Address Rockville Md for Coroner Date signed 12/22/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 10 1940
V. S.

12190

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Mallory Hutchins If U. S. Veteran, specify WAR

(a) Residence: No. 38 Hickory Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hutchins

6. DATE OF BIRTH (month, day, and year) Mar 21 1849

7. AGE Years 90 Months 8 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) New Milford Conn

FATHER

13. NAME George N Mallory

14. BIRTHPLACE (city or town) (State or country) New Milford Conn.

MOTHER

15. MAIDEN NAME Julia Hendrick

16. BIRTHPLACE (city or town) (State or country) New Milford Conn

17. INFORMANT Mrs Janice Tanner (Address) 38 Hickory Ave Takoma Park

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date Dec 13, 1939

19. UNDERTAKER J. Arthur Walters (Address) 254 Carroll Ave. Takoma Park, D.C.

20. FILED Dec 11th, 1939 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 11, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1938, to Dec 11, 1939

I last saw her alive on Dec 10, 1939; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr Dig Myocarditis	Feb 1938
Chr Nephritis	?
Other Contributory Causes of Importance:	
Uremia	24

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard Thomas M.D.

(Address) 38 Carroll Ave Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLA[illegible], WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 4 19 BUREAU OF S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E)

12191

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 706 McNeill Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 706 McNeill Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Ernest Edward Ingle

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ethel J. Ingle

6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1887

8. AGE: Years 52 Months 10 Days 19 If less than one day ___ hrs. ___ min.

9. Birthplace Marshfield, Wisconsin (Town, county, and state)

10. Usual occupation Proof Reader

11. Industry or business U.S. Government Printing Office

FATHER 12. Name Charles Ingle

13. Birthplace Wisconsin

MOTHER 14. Maiden name Ellen Van Valkenburg

15. Birthplace Wisconsin

16. Informant Mrs Ethel J. Ingle

Address 706 McNeill Road, Silver Spring, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 1, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Fort Lincoln

Location Bladensburg Rd., Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Dec 31 1939 (Date rec'd by registrar) F. E. Wendling Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1939, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on December 28 1939, to ___ 19__, and that I last saw him alive on Dec. 28 1939.

Immediate cause of death Coronary Thrombosis — DURATION 2 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Howlett, M. D. M. D. or other

Address 928 Sligo Ave. Silver Spring Date signed Dec. 28, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12192

Reg. Dist. No. 2 / 3

1. PLACE OF DEATH:
County Montgomery Co.
City or town Seneca Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution:
R.F.D # 2 Germantown Md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 78 yr 2 mo. 22 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Monty
City or town Seneca Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural - 1/2 mile rad. Seneca Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Humphrey Johnson

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6.(a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Charity Beckworth

6(c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) 1860 Mar 9

8. AGE:

Years	Months	Days	If less than one day
78	2	22	____ hrs. ____ min.

9. Birthplace Monty. Co Md (Town, county, and state)

10. Usual occupation Day laborer. on farm

11. Industry or business Farming

FATHER
12. Name Isaac Johnson
13. Birthplace Md

MOTHER
14. Maiden name Unknown
15. Birthplace Md.

16. Informant Jas Johnson
Address Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20 1939 (month) (day) (year)
Cemetery or crematory Hayti Cemetery
Location Rockville Md.

18. Funeral director Robt L. Snowden
Address Rockville Md

19. Dec 19th 1939 (Date rec'd by registrar) Upton D. Bowers M.D. by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1939, at 5P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1939, to Dec. 16 1939, and that I last saw him alive on December 16 1939.

	DURATION
Immediate cause of death: Hemiplegia, left	7 days
Due to Arteriosclerosis, general, with cardio-vascular-renal disease	more than 5 yrs.
Due to Senility	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. Selby, M.D.
M. D. or other
Address Damascusville, Md. Date signed 12-18-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

12193 ✓

Reg. Dist. No. 2/3

1. PLACE OF DEATH:

County Montgomery

City or town Seneca (rural Poolesville)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) less than 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Seneca (rural Poolesville) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1 mile west of Seneca

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant John Johnson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 26, 1939

8. AGE: Years — Months — Days — If less than one day ____ hrs. 10 min.

9. Birthplace Seneca, Montgomery, Maryland (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden name Kathline Johnson

15. Birthplace Seneca (rural Poolesville), Md.

16. Informant Dora Johnson (grandmother)

Address Seneca, Md.

17. Buried on own premises (Burial, cremation, or removal. Which?) Date thereof Dec. 27, 1939 (month) (day) (year)

Cemetery or crematory —

Location 1 mile west Seneca, Md.

18. Funeral director William Johnson (grandfather)

Address Seneca, Poolesville R.F.D., Md.

19. 12-27 1939 (Date rec'd by registrar) Nourse Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1939, at 8:40 p.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ at time of birth to death 19__, and that I last saw him alive ~~on~~ at birth - Dec. 26th 1939.

Immediate cause of death: Premature birth

Due to unknown causes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. D. Selby, M.D. M. D. or other

Address Dawsonville, Md. Date signed 12-27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

12194

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(108)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Glen Echo
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Oberlin Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Glen Echo Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Oberlin Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Betty Jean Keller

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1936

8. AGE: Years 3 | Months 1 | Days 13 | If less than one day hrs. min.

9. Birthplace Wolfsville Md. Fred. Co.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Lawrence E. Keller.
13. Birthplace Myersville, Md.

MOTHER
14. Maiden name Effie M. Bear
15. Birthplace Wolfsville, Md.

16. Informant Lawrence Keller.
Address Glen Echo, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 23. 1939 (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Myersville, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. Dec. 22nd 1939 B. C. Perry M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 18 1939, to Dec. 21 1939, and that I last saw her alive on December 21 1939.

Immediate cause of death Pneumonia Lobar type — DURATION 3 hours

Due to Acute Bronchitis — 4 days

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Bradley D. Hodgkins M.D.
M. D. or other
Address 4600 Chevy Chase Blvd. Date signed 12/21/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12195

1. PLACE OF DEATH

County Montgomery (92-a) Registration Dist. No. 223-

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eva May Klotzback If U. S. Veteran, specify WAR

(a) Residence: No. 505 Takoma Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Klotzback

6. DATE OF BIRTH (month, day, and year) Jan - 31 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Joseph Gardner

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Willie A. Mathews

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Grace Leedy (Address) 505 Takoma Ave

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D. C. Date 12/24, 1939

19. UNDERTAKER S. H. Hines Co. (Address) 2901 - 14th N.W.

20. FILED 12/24, 1939 J. Nelson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1939, to 12/24, 1939

I last saw her alive on 12/24, 1939; death is said to have occurred on the date stated above, at 1:50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic endocarditis & myocarditis	1915

Other Contributory Causes of importance:

Myocardial degeneration & pulmonary oedema	12/22/39

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. H. Duffey M. D.

(Address) 4200 - 9th NW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

12196

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days) 8 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Linden
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fannie Lair

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Moses Lair.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 15, 1864

8. AGE: Years 75 | Months 1 | Days 14 | If less than one day hrs. min.

9. Birthplace Poolesville, Montg. Co, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home.

FATHER
12. Name Edward Welch
13. Birthplace Maryland.

MOTHER
14. Maiden name Maria Lair
15. Birthplace Poolesville, Maryland.

18. Informant Hospital Records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 30, 1939 (month) (day) (year)

Cemetery or crematory

Location Washington D. C.

18. Funeral director John T. Stewart

Address #30 N. Ct. N. E.

19. Dec. 30 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1939, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21 1939, to December 29 1939, and that I last saw her alive on December 29 1939.

Immediate cause of death	DURATION
Uraemia	2
Due to	1
Due to	
Other conditions Bilateral Pneumonia	
& Coronary Thrombosis	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. D. M. D. or other

Address Sandy Spring, Md. Date signed 12/30/39.

RECEIVED
JAN 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82-a

12197

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
County Monty
City or town near Poolesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Monty.
City or town Martinsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence Lee

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	widowed

6 (b) Name of husband or wife Mollie Jackson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16 1884

8. AGE: Years	Months	Days	If less than one day
55	9	25	hrs. min.

9. Birthplace Martinsburg Md (Town, county, and state)
10. Usual occupation Farm labor
11. Industry or business

FATHER
12. Name Wm Lee
13. Birthplace Seneca Md

MOTHER
14. Maiden name Mollie Price
15. Birthplace Monty Co Md

16. Informant Bonnie Lee
Address Jerkerson R.F.D

17. Burial Date thereof Dec 15-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Martinsburg Md
Location Martinsburg
18. Funeral director Robert Anders
Address Rockville

19. Dec 11 1939 E W White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11th 1939, at 84 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from no physician in attendance 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Cerebral Hemorrhage (Sudden death)
DURATION 12/11/39

Due fo arterial sclerosis acute alcoholism
DURATION 7

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other
Address Poolesville Date signed 12/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 5 1910
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12198

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 2-11

Village or City Hyattstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

2. FULL NAME Cassidy Smithsimmons If U. S. Veteran, specify WAR

(a) Residence: No. Hyattstown, Md St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Estelle Smithsimmons

6. DATE OF BIRTH (month, day, and year) April-13-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) (State or country) Hyattstown, Md.

FATHER

13. NAME Charles M. Smithsimmons

14. BIRTHPLACE (city or town) (State or country) Urbana Frederick Co., Md.

MOTHER

15. MAIDEN NAME Margaret Eleanor Mc Elfresh

16. BIRTHPLACE (city or town) (State or country) Hyattstown, Md.

17. INFORMANT Rachel E. Smithsimmons (Address) Hyattstown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hyattstown Date 12-11, 1939

19. UNDERTAKER Gilbert & Burdette (Address) Hyattstown Md.

20. FILED Dec 9, 1939 Wm. E. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec-9-, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec-29-, 1939 to Dec-9-, 1939

I last saw him alive on Dec-9-, 1939; death is said to have occurred on the date stated above, at 4 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/20/39

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William E. Miller M. D.

(Address) Gaithersburg, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

→ **ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12199

CERTIFICATE OF DEATH

(108)

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital Inc.
Stay in hospital or inst. (yrs., or mos., or days) 4 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Germantown - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. % Mr. Julian Waters -
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Calvin Edgar Lowe

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 6, 1939

8. AGE: Years | Months 6 | Days 5 | If less than one day — hrs. — min.

9. Birthplace Germantown, Md
(Town, county, and state)
10. Usual occupation Infant
11. Industry or business

FATHER
12. Name Lewis Lowe
13. Birthplace Montg. Co. Maryland.

MOTHER
14. Maiden name Louise Barnhouse
15. Birthplace Virginia.

16. Informant Hospital Records.
Address

17. Burial - Date thereof Dec 11, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Gaithersburg
Location near Walnut
18. Funeral director E. C. Gartner
Address Gaithersburg Md.

19. Dec. 11, 1939 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1939, at 10.50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7 1939, to December 11 1939, and that I last saw him alive on December 11 1939.

Immediate cause of death Lobar Pneumonia — DURATION 12/6/39
Due to Upper Respiratory
Due to Infection — unknown
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy no -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE Chas C Tumbleson
M. D. or other
Address Sandy Spring, Md Date signed Dec. 11, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Other

RECEIVED
JAN 10 1940
BUREAU OF S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12200

115-P

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington Sanitarium and Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lena Mary Lumpkin If U. S. Veteran, specify WAR ____

(a) Residence: No. (Box 5822) St., ____ Ward. Bethesda Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) April 6, 1882

7. AGE Yaars	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
57	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. For brother

10. Dete deceased last workad at this occupation (month end yaar) Dec 13, 1939

11. Total time (years) spant in this occupation 41

12. BIRTHPLACE (city or town) (Stata or country) St Mary's County, Maryland

FATHER

13. NAME John Franklin Lumpkin

14. BIRTHPLACE (city or town) (Stata or country) St. Mary's County, Maryland

MOTHER

15. MAIDEN NAME Elizabeth Pilkerton

16. BIRTHPLACE (city or town) (Stata or country) St. Mary's County, Maryland

17. INFORMANT (Address) Washington Sanitarium and Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Lee Md Date 12/26, 1939

19. UNDERTAKER (Address) Wm. Reuben Pumphrey Bethesda, Md.

20. FILED 12/23, 1939 J. Wilson Dodd, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I ettanded deceased ~~from~~ on Dec 23 only, 19____

I last saw her aliva on Dec 23, 1939; death is said to have occurred on the date stated above, at 2:30 P.m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:

	Date of onset
Sublingual Cellulitis - Acute suppurative with Gangrene.	Dec 13, 39
Other Contributory Causes of Importance:	
Laryngeal and Pharyngeal edema	Dec 22-39

Name of operation Tracheotomy Dete of Dec 23-39

What test confirmed diagnosis? Clinical Was there en autopsy? Yes

23. If death was due to external causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Natura of Injury ____

24. Wes disease or injury in any way related to occupation of decaased? No

If so, specify ____

(Signed) George M. Gibbs M. D.

(Address) Takoma Park, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-C)

CERTIFICATE OF DEATH

12201

Reg. Dist. No. 2/3

1. PLACE OF DEATH:

County Montgomery

City or town Rural - Darnestown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D. # 2 Germantown Md

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montg.

City or town Rural near Darnestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. # 2 Germantown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Hade Magruder

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Eula H P Magruder

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 6 1853

8. AGE: Years 86 | Months 9 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace Montg. Co Maryland
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Samuel Hade Magruder
13. Birthplace Montg. Co Maryland

MOTHER
14. Maiden name Martha Riley
15. Birthplace Maryland

16. Informant Eula H P Magruder

Address R.F.D. - Germantown Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Dec. 27 1939
(month), (day) (year)

Cemetery or crematory Remedy (Union)

Location Rockville Md

18. Funeral director Mr Ruby Pumphrey

Address Rockville Md

19. Dec 27 1939 Upton D. Nourse M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 29th 1939, to Dec 25th 1939, and that I last saw him alive on Dec 24th 1939.

Immediate cause of death Genl. arterial sclerosis - myocarditis chronic

DURATION: 10 yrs 1 yr.

Due to

Due to

Other conditions Senility.
(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Upton D. Nourse M.D.
M. D. or other

Address Dawsonville Md Date signed Dec 26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

122102

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Rural White Oak near Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town White Oak near Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carrie Dorsey Murphey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem.	A.A.	Widowed

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18 1901

8. AGE:

Years	Months	Days	If less than one day
38	8	10	hrs. min.

9. Birthplace Monty. Co. Md.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Johnnie Johnson
13. Birthplace Md.
MOTHER 14. Maiden name Clara Dorsey
15. Birthplace Md.
16. Informant Charles Dorsey
Address Silver Spring, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12.31.39 (month) (day) (year)
Cemetery ~~or crematory~~ Mt. Zion M.E.
Location Montgomery Hills Montg. Co. Md.
18. Funeral director W. Ernest Jarvis
Address 1432 You. St. N.W.
19. Dec 29 1939 (Date rec'd by registrar) J.E. Windsor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 21 1939, to December 28 1939, and that I last saw her alive on December 28 1939.

	DURATION
Immediate cause of death Coma	12.11.39
Due to Hypertension	
Due to Arteriosclerosis & Chronic glomerulo nephritis	
Other conditions Mitral Disease	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Post operative Adhesions
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Webster Jewell M.D.
M. D. or other
Address Norbeck R.F.D. Rockville Date signed 12.28.39

RECEIVED
JAN 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12203

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH:
County Montgomery County
City or town Brookville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 1/2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Brookville Md ~~Ward No.~~
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ellen Williams McCarrison

3. (b) Social Security Number

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow
B (b) Name of husband ~~or wife~~ David Lawler McCarrison
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) March 15 - 1861

8. AGE: Years 78 | Months 8 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Portland Oregon (Town, county, and state)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name George H Williams
13. Birthplace New York State.

MOTHER
14. Maiden name Catherine Van-Antwerp
15. Birthplace Iowa

16. Informant Mrs Fred Gilpin
Address Brookville Md

17. ~~(Burial)~~, cremation, ~~or removal.~~ Which?) Date thereof 12/15/39 (month) (day) (year)
Cemetery or crematory Cremation
Location Fort Lincoln

18. Funeral director Warner E. Pumphrey
Address Silver Spring Md.

19. Dec. 13 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1939, at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1939, to Dec 13 1939, and that I last saw her alive on Dec 12 1939.

Immediate cause of death: Uraemia poisoning — DURATION: 3 wks.
Due to Chronic Interstitial Nephritis.
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Robert Sardo M.D. M. D. or other
Address Clarksville Md Date signed 12-13-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15

RECEIVED
JAN 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22)

CERTIFICATE OF DEATH

12204

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: West Chevy Chase Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Montgomery

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4829 Langdrum Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Willis Edgar McNulty

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Widowed

6 (b) Name of husband or wife: Ella Isaac McNulty

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 7, 1875

8. AGE: Years: 64 | Months: 3 | Days: 8 | If less than one day: hrs. min.

9. Birthplace: Wash DC (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business

FATHER 12. Name: Richard McNulty

FATHER 13. Birthplace: Cork Co. Ireland

MOTHER 14. Maiden name: Rachael Kilby

MOTHER 15. Birthplace: England

16. Informant: Mrs Paul J. Rauschen

Address: 3514 Northampton St.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 15 1939 (month) (day) (year)

Cemetery or crematory: Washington D.C.

Location:

18. Funeral director: W. W. Deal.

Address: 4812 Georgia Ave N.W.

19. 12-15 1939 (Date rec'd by registrar) A. C. Berry, M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 15 1939 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 17 1939 to Dec 15 1939 and that I last saw him alive on Dec 15 1939.

	DURATION
Immediate cause of death: Cerebral thrombosis	5 hours
Due to: Previous apoplexy with complete hemiplegia	2 months
Due to:	
Other conditions: Duodenal ulcer with repeated hemorrhages	2 months

(Include pregnancy within 3 months of death)

Major findings:

Ot operations:

Ot autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Joseph McCarthy M. D. or other

Address: Washington D.C. Date signed: Dec 15, 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 5 1940
BUREAU V. S.

12205

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium + Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Moulden, Mrs Elizabeth E. If U. S. Veteran, specify WAR No.

(a) Residence: No. Forest Glen St., Ward. Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Frederick W. Moulden

6. DATE OF BIRTH (month, day, and year): December 18, 1874

7. AGE: Years 65 | Months 0 | Days 7 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) Spring 1939

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Paiscataway, Maryland

FATHER

13. NAME Mr. William Martin

14. BIRTHPLACE (city or town) (State or country) Paiscataway, Maryland

MOTHER

15. MAIDEN NAME Josephine Shaffer

16. BIRTHPLACE (city or town) (State or country) Fort foot, Maryland

17. INFORMANT (Address) Washington Sanitarium + Hospital records.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Church Cemetery, Forestville, Md.

Place Epiphany Episcopal Date Dec. 27, 1939

19. UNDERTAKER (Address) Warner E. Pumphrey 8404 Georgia Ave S.S. Md

20. FILED 12/26, 1939 J. Wilson Wertz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1939, to Dec. 25, 1939

I last saw her alive on Dec. 25, 1939; death is said to have occurred on the date stated above, at 1 05 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with terminal Uremia	1935

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray - Bl. Chemistry Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did Injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George M. Gibbs M.D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12206

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(957)

County Montgomery — Registration Dist. No. 216

Village or City Bethesda MD — No. 4605 Hunt ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 13 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Walter G Neal

If U. S. Veteran, specify WAR ____

(a) Residence: No. same St., Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Neale

6. DATE OF BIRTH (month, day, and year) Feb. 6th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	69	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Pool Maker

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Nepanee (State or country) Canada

FATHER

13. NAME Napoleon Neal

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Marian Neal

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Harry E Neal (Address) 4605 Hunt ave

18. BURIAL, CREMATION, OR REMOVAL Place Pittsfield Mass Date Dec. 26th, 1939

19. UNDERTAKER Harry L Sluyter (Address) 1009 H St N W Washington D C

20. FILED 12-25, 1939 B. C. Perry, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1939, to Dec. 24, 1939

I last saw him alive on Dec 24, 1939; death is said to have occurred on the date stated above, at 8:35 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	4 years
Hypertensive Heart Disease.	Unknown

Other Contributory Causes of Importance:

Name of operation none Date of ____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Eugene W. Reese M. D.

(Address) Stoneleigh Court

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12207

1. PLACE OF DEATH

County Monty Registration Dist. No. 223

Village or City Takoma Park No. Wash San & Hosp Takoma Park St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) Md

Length of residence in city or town where death occurred ___ yrs. ___ mos. 29 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mrs Cora Palmer If U. S. Veteran, specify WAR

(a) Residence: No. 111 Van Buren St Takoma Park St., Ward.

(Usual place of abode) Md If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Palmer

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 72 Months 4 Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) Oct 20, 1939

11. Total time (years) spent in this occupation 47 yrs.

12. BIRTHPLACE (city or town) (State or country) Pontiac Mich.

FATHER

13. NAME William Rathbun

14. BIRTHPLACE (city or town) (State or country) Hudson Mich.

MOTHER

15. MAIDEN NAME Clarisa Potter

16. BIRTHPLACE (city or town) (State or country) ? Mich.

17. INFORMANT (Address) Wash Sanitarium & Hosp Records Takoma Park Md

18. BURIAL, CREMATION, OR REMOVAL Place Rock Creek Cem. Date Dec 4, 1939

19. UNDERTAKER (Address) J. Arthur Walters 254 Carroll St Takoma Park, D.C.

20. FILED 12/2, 1939 J. H. Mm Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 / 1 , 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/6/, 1938, to 12/1/, 1939.

I last saw her alive on 12/1/, 1939; death is said to have occurred on the date stated above, at 5-13 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr. Deg. Myocarditis	1917

Other Contributory Causes of importance:

Cornery Thrombosis	12/1/39

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Howard Moore M.D.

(Address) 28 Carroll Ave Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 4 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

12208

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 817 Philadelphia Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Montg.

City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Blanche C. Phillips

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

8 (b) Name of husband ~~or wife~~ Ralph C. Phillips

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1897

8. AGE: Years 42 Months 5 Days 5 If less than one day hrs. min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James F. Blakeney
13. Birthplace D.C.

MOTHER
14. Maiden name Hattie M. Allen
15. Birthplace D.C.

16. Informant Ralph C. Phillips
Address 817 Phila. Ave., Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 15, 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Rock Creek

Location Washington, D.C.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Dec. 13 1939 (Date rec'd by registrar) F. O. Hudley Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1939, at 6:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 ,
and that I last saw ~~in~~ alive on 19

Immediate cause of death Acute Cardiac Failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks
Deputy Med. Ex. for Mont. Co. M.D. or other

Address Rockville Md Date signed 12/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 16 1939
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-)

CERTIFICATE OF DEATH

12209

Reg. Dist. No. 218

1. PLACE OF DEATH
County Montgomery
City or town Gaithersburg (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) fifty years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Gaithersburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Annie D Prather

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband ~~or wife~~ Reason Prather

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 1870 - 15 Oct

8. AGE: Years	Months	Days	If less than one day
69	2	16	hrs. min.

9. Birthplace Montgomery Co Md (Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business Home

FATHER
12. Name Tom Gisledings
13. Birthplace Montgomery Co Md

MOTHER
14. Maiden name Henry Gisledings
15. Birthplace Montgomery Co Md

16. Informant Reason Prather
Address Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3 1940 (month) (day) (year)
Cemetery or crematory Emory Grove Md
Location Near Gaithersburg Md
18. Funeral director Roy W Barber
Address Gaithersburg Md

19 Jan 3 1940 R D Bell (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1939 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 1939 to December 31 1939 and that I last saw her alive on December 31 1939

Immediate cause of death	DURATION
Cardio - Renal Disease	?
Mitral, Chronic Myocardial Degenerati	
Due to Arteriosclerotic Hypertensive	
Chronic Glomerulonephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Webster Howell M.D. (M. D. or other)
Address Mobeck R.F.D. Rockville Date signed 1-2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (958)

CERTIFICATE OF DEATH

12210

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital Inc
Stay in hospital or inst. (yrs., or mos., or days) 19 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Gaithersburg, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Cloppers
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edith Prather

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married.

6 (b) Name of husband or wife Tobias Prather
6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) March 23, 1888

8. AGE: Years	Months	Days	If less than one day
51	8	16	hrs. min.

9. Birthplace Gaithersburg, Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home.

FATHER
12. Name Samuel Moore
13. Birthplace Charles Co. Maryland

MOTHER
14. Maiden name Atlanta Butler
15. Birthplace Hyattstown, Md.

16. Informant Hospital Records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 11 -1939 (month) (day) (year)
Cemetery or crematory Brookgrove mem
Location Laytonsville md
18. Funeral director Roy W Barlow
Address Laytonsville md

19. Dec 10 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1939, at 1.25 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 20 1939, to December 9 1939, and that I last saw her alive on December 9 1939.

Immediate cause of death	DURATION
Septicaemia	2 wks.
Due to Gangrene right leg completed by diabetes	3 weeks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations Amputation right leg - mid - thigh
Ot autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Sandy Spring, Md. Date signed 12/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 10 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
(165)

12211

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County Montgomery
City or town Montgomery Hills Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
8007 - Georgia ave, Silver Spring
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgomery
City or town 8007 geo ave Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Silver Springs Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward H. Quinter

3. (b) Social Security Number —

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Hattie Mae Quinter
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 6th 1878

8. AGE: Years 61 Months 0 Days 2 If less than one day ____ hrs. ____ min.

9. Birthplace Dist of Col.
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Thomas Jefferson Quinter
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden name Ada Agusta Holmead
15. Birthplace Dist. of Col

16. Informant William W. Quinter
Address Norris Drive, Wheaton Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 11, 1939 (month) (day) (year)
Cemetery ~~or crematory~~ Fort Lincoln
Location Bladensburg Rd., Md.

18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.

19. Dec. 10 1939 (Date rec'd by registrar) J. E. Wudley Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1939, at 7A M Obsvt

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Hung himself with rope tied to a tree
Due to: Suicide Strangulation
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 12/8/39
Where did injury occur? Montgomery Hills Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public place
Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M.D. or other
Deputy Med Ex Montgomery Co
Address Rockville Md Date signed 12/8/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 30 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12212

93-A

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Montgomery County

City or town Olney, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hicks Hotel

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eugene Rice

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Georgian Rice

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 27, 1865

8. AGE: Years 74 | Months 3 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace New York City, N.Y. (Town, county, and state)

10. Usual occupation Watchman

11. Industry or business —

FATHER

12. Name George H. Rice

13. Birthplace New York City, N.Y.

MOTHER

14. Maiden name Sally Kirkheim

15. Birthplace New York City, N.Y.

16. Informant Hospital Records. Address

17. Burial, cremation, or removal. Which? Cremation Date thereof Dec 8/39 (month) (day) (year)

Cemetery or crematory Potomac Hill Memorial Park

Location Pr. George Co. Near Rockville Md.

18. Funeral director E. B. Gaither Gaithersburg Md.

Address

19. Dec. 7 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1939, at 8:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 1939, to Dec 6 1939, and that I last saw him alive on Dec 6 1939.

	DURATION
Immediate cause of death Acute Myocarditis	?
Due to Senility	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md Date signed 12/6/39

RECEIVED
JAN 10 1960

STATE OF MARYLAND—CERTIFICATE OF DEATH

12213

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (937)

County Montgomery Registration Dist. No. 214

Village or City Colesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. T. Richardson If U. S. Veteran, specify WAR

(a) Residence: No. Colesville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice V. Richardson

6. DATE OF BIRTH (month, day, end year) Dec. 24 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 4/1/1935 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Colesville (State or country) Md

FATHER

13. NAME Chas Richardson

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Sarah A Turnfield

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs Alice Richardson (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Colesville Md Date 12/19/, 1939

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring, Md.

20. FILED Dec 18, 1939 T. G. Dudley Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) — 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4/1/, 1938, to 12/17/, 1939

I last saw him alive on 12/16/, 1939; death is said to have occurred on the date stated above, at 4 45 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3/1/38

Other **Contributory Causes** of importance:

Cerebral Hemorrhage	3 days

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) J. T. Richardson M. D.

(Address) Sandy Spring, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JAN 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12214

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
County: Montgomery
City or town: Unity
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Brookeville R F D
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Mont
City or town: Unity Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Susan M. Ricketts

3. (b) Social Security Number: —

4. Sex: fem
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Tom Ricketts
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Sept 12 - 1859

8. AGE: Years: 80 Months: 3 Days: 19 If less than one day: hrs. min.

9. Birthplace: Frederick Co Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: own home

FATHER
12. Name: Peter Craver
13. Birthplace: Fred - Co - Md

MOTHER
14. Maiden name: Susan Stull
15. Birthplace: Fred - Co. Md

16. Informant: Mrs French Hobbs
Address: Brookeville R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 3 1940 (month) (day) (year)
Cemetery or crematory: Mt Carmel
Location: Montgomery Co Md

18. Funeral director: Roy W Barber
Address: Laytonsville Md

19. Jan 3 1940 (Date rec'd by registrar) L. D. Bell Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 31 — 1939, at 11 27 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec - 27 - 1939, to Dec 31 1939, and that I last saw her alive on Dec 31 - 1939

Immediate cause of death: Lobar Pneumonia — DURATION: 2 days
Due to
Due to: Influenza — 2 days
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas Tumbleson Mrs M. D. or other
Address: Sandy Spring Md. Date signed: 1-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12215

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Forest Glen (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Montgomery

City or town Forest Glen Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William W. Saunders

3. (b) Social Security Number

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name ~~of husband~~ or wife Jane B. Saunders

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1864

8. AGE: Years 75 Months 3 Days 2 If less than one day hrs. min.

9. Birthplace Waterford, Maine (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Joshua Saunders

13. Birthplace Maine

MOTHER 14. Maiden name — Kilbourne

15. Birthplace Maine

16. Informant Wm W. Saunders Jr.

Address Forest Glen, Md.

17. Removal (~~Burial, cremation,~~ or removal. Which?) Date thereof Dec. 8, 1939 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director W. W. Chambers.

Address 1400 Chapin St. Wash. D.C.

19. Dec 8 1939 (Date rec'd by registrar) F.E. Dudley Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8, 1939, at 7 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Coroner Case Died suddenly without physicians attendance probably angina pectoris.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury injured at work?

23. SIGNATURE C. E. Hawks Deputy Med. Exr. Quoit M. D. or other

Address Rockville Md Date signed 12/8/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully ~~be~~ supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12216

211-DR

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park, Maryland No. Washington Sanitarium (If death occurred in a hospital or institution, give its NAME instead of street and number) St., Hospital Ward

Length of residence in city or town where deeth occurrad 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter J. Smart If U. S. Veteran, specify WAR

(a) Residence: No. 7049 Eastern Ave. St., Ward. Takoma Park, Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
Male	White	Divorced

5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Tessie Hayes (remarried)

6. DATE OF BIRTH (month, day, end yaar) August 24, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	26	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Salesman

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. Watkins Products

10. Date deceased last workad at this occupation (month and year) Dec. 15, 1939

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) Rochelle (State or country) Illinois

FATHER

13. NAME Nelson J. Smart

14. BIRTHPLACE (city or town) Schenectady (State or country) New York

MOTHER

15. MAIDEN NAME Harriet P. Miller

16. BIRTHPLACE (city or town) Groton (State or country) Vermont

17. INFORMANT Washington Sanitarium Records. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rock Creek Memorial Park Date Dec. 22, 1939.

19. UNDERTAKER J. Arthur Baldwin (Address) 254 Carroll Ave. Takoma Park, D.C.

20. FILED 12/20, 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 20, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended daceasad from Dec 15, 1939, to Dec 20, 1939

I last saw h.im alive on Dec 20, 1939; daath is said to have occurred on the date stated above, at 11:55A m.

Tha PRINCIPAL CAUSE OF DEATH and relatad causes of importence ware as follows:

	Date of onset
Cerebral Concussion	Dec 15, 39
Basal fracture of skull	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmad diagnosis? Was thera an autopsy? No

23. If daath was due to axternel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 15, 1939

Where did injury occur? District line at Georgia ave. D.C. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

On public street -

Manner of injury Motorcycle collided with him

Neture of Injury Basal fracture of skull.

24. Was disaasa or Injury in any way relatad to occupation of daceased? No

If so, specify

(Signed) A. R. Coyne M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Sept. 2420

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12217

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (947)

County Montgomery Registration Dist. No. 214

Village or City Glenmont, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie C. Smith

(a) Residence: No. Silver Spring, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Peter J. Smith.

6. DATE OF BIRTH (month, day, and year) Aug. 5- 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Son's Home

10. Date deceased last worked at this occupation (month and year) Jan. 1939

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) East Orange (State or country) New Jersey

FATHER

13. NAME Cornelius Carysell

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Phoebe Williams

16. BIRTHPLACE (city or town) Verona (State or country) New Jersey

17. INFORMANT George J Smith (Son) (Address) Silver Spring R 4 D 1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Orange N.J. Place Rosedale Cemetery Date Dec 12, 1939

19. UNDERTAKER Warner & Pumphrey (Address) Silver Spring, Maryland

20. FILED Dec 10, 1939 J. E. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec 1939, to Dec 9, 1939

I last saw her alive on Dec 9, 1939; death is said to have occurred on the date stated above, at 10 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/8/39

Other **Contributory Causes** of importance:

Arteriosclerosis

Myocardial decompensation

Name of operation ... Date of ...

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) William D. Reed, M. D.

(Address) 8907 Colesville Rd, Silver Spring

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12218

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (932)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 8 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Meriwether Smith If U.S. Veteran, specify WAR

(a) Residence: No. 127 Maple Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Satane Smith

6. DATE OF BIRTH (month, day, and year) May 18 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Route Agt

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Rail Exp Agt

10. Date deceased last worked at this occupation (month and year) 4/30/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Crawford Va.
(State or country)

FATHER

13. NAME James William Smith

14. BIRTHPLACE (city or town) Smithfield Va.
(State or country)

MOTHER

15. MAIDEN NAME Celia Olivia Ellis

16. BIRTHPLACE (city or town) Floyd Va
(State or country)

17. INFORMANT Mrs E Tomalin
(Address) 43 Sycamore, Takoma Park, Md

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Wyattsville, Md Date 12-7, 1939

19. UNDERTAKER Francis Gaeckis Sons
(Address) Wyattsville, Md

20. FILED Dec 7, 1939 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) 12 / (Day) 7 / 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9/22/, 1939, to 12/7/, 1939

I last saw him alive on 12/6/, 1939; death is said to have occurred on the date stated above, at 1:55 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Chr Dig Myocarditis	4 yrs
with Decompensation	10/1/39
Other Contributory Causes of Importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard V Morsell M.D.

(Address) 28 Carroll Ave, Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED DEC 27 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12219

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (131)

County Montgo Co. Registration Dist. No. 214

Village or City White Oak No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H Steward

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed Isabelle Steward (deceased)

6. DATE OF BIRTH (month, day, and year): May 29 - 1863

7. AGE: Years 76 | Months 6 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Colesville, Md Montgo. Co.

FATHER

13. NAME: Thomas A Steward

14. BIRTHPLACE (city or town) (State or country): Washington D.C.

MOTHER

15. MAIDEN NAME: Elizabeth Edmonson

16. BIRTHPLACE (city or town) (State or country): Colesville

17. INFORMANT (Address): Marion Steward

18. BURIAL, CREMATION, OR REMOVAL Place: Good Hope Md. Date: Dec 29 m, 1939

19. UNDERTAKER (Address): Robert L. Snowden Rockville Md

20. FILED: Dec 29, 1939 F. E. Dudley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1939, to December 26, 1939

I last saw him alive on 12/26/39, 19; death is said to have occurred on the date stated above, at 1:20 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1) Left Cerebro-Vascular accident c/ Contra Sateral hemiplegia	12/16/39

Other Contributory Causes of Importance:

1) Generalized Cardiovascular and renal sclerosis & Secondary hypertension	(app) 1925
2) Cardiac Asthma	app. 1 yr.

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Kenneth T. Laughlin, F.A.C.P. M. D.

(Address) 8252 Georgia Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8402 Maple

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

12220

Reg. Dist. No. 2-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Forest Glen, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Forest Glen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Rose Stubbs

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: None
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 24, 1862

8. AGE: Years	Months	Days	If less than one day
77	3	25	hrs. min.

9. Birthplace: Wheaton, Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: William Edward Stubbs
13. Birthplace: New York State

MOTHER
14. Maiden name: Catharine Anne Boyle
15. Birthplace: Washington, D. C.

16. Informant: Mrs. W. O. Culver
Address: Forest Glen, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21/39 (month) (day) (year)
Cemetery or crematory: Forest Glen-St. Johns
Location: Forest Glen, Md.

18. Funeral director: Wm. Reuben Plumphrey
Address: 7005 Wisconsin Ave Bethesda Md.

19. Dec 21 1939 (Date rec'd by registrar) J. E. Dudley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1939, at 9 20 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 30 1939, to December 19 1939, and that I last saw her alive on Dec 19 1939.

Immediate cause of death	DURATION
(Left descending coronary artery) Coronary Thrombosis	20 Days.
Due to	
Due to	
Other conditions: Generalized arteriosclerosis Senility	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Kenneth Waughan M.D.
M. D. or other
Address: 8252 Georgia Ave Silver Spring Date signed 12/20/39

8402. Maple Ave.

K. 7 Laughlin.
Georgia Ave.

RECEIVED
MAR 8 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12221

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Near-Hyattstown---Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Md

City or town Comus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rosie R. Tabler

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12-1931

8. AGE: Years 8 Months 10 Days 25 If less than one day hrs. min.

9. Birthplace Hyattstown, Montg. Co. Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Lewis F. Tabler
13. Birthplace Maryland

MOTHER
14. Maiden name Ethel Hesse
15. Birthplace Maryland

16. Informant Lewis Tabler

Address Dickerson, R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/10/39 (month) (day) (year)

Cemetery or crematory Methodist

Location Hyattstown, Maryland

18. Funeral director Hilton & Burdette

Address Hyattstown, Maryland.

19. Dec. 8 1939 (Date rec'd by registrar) Mrs. C. C. Hilton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8th 1939, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1939, to Dec 8 1939, and that I last saw her alive on Dec 8th 1939.

Immediate cause of death acute myocarditis — DURATION 4 days

Due to Diphtheria — 16 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other

Address Poolesville Date signed 12/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12222

95-E

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Redland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Redland Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Norbeck Rd 1/2 mile from Smith's Corner

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Brown C Turner Gaithersburg Md

3. (b) Social Security Number Last

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Bertie Turner

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Sept 30-1895

8. AGE: Years 44 Months 2 Days 15 If less than one day hrs. min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Machine

11. Industry or business Garage

FATHER 12. Name Henry Turner

13. Birthplace Montgomery Co Md

MOTHER 14. Maiden name Hattie Castle

15. Birthplace Montgomery Co Md

16. Informant Bertie Turner

Address Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Flower Hill

Location Near Redland Md

18. Funeral director Roy W Barber

Address Laytonville Md

19. Dec 16 1939 (Date rec'd by registrar) Alberta G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1939 at 2 AM Obstet

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 , and that I last saw him alive on 19

Immediate cause of death Found dead probably acute cardiac failure

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Nil

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawkins M. D. or other

Address Rockville Md Date signed 12/16/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75-B)

CERTIFICATE OF DEATH

12223

Reg. Dist. No. 216

1. PLACE OF DEATH:
County: Montgomery
City or town: 18 Williams Lane, Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: 18 Williams Lane, Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Catherine M. Varela

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Alexandria C. Varela
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 6, 1850

8. AGE:

Years	Months	Days	If less than one day
89	0	22	hrs. min.

9. Birthplace: Brooklyn, New York
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Antonia Sonsa
13. Birthplace: Portugal

MOTHER
14. Maiden name: Trinkhouse
15. Birthplace: Germany

16. Informant: O. L. Varela
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30, 1939 (month) (day) (year)
Cemetery or crematory: Congressional Cemetery
Location

18. Funeral director: Wm. Reuben Pumphrey
Address: 7005 Wisconsin Ave., Bethesda, Md.

19. 12-30 1939 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1939, to Dec. 28 1939, and that I last saw h- alive on Dec. 28 1939.

Immediate cause of death	DURATION
Coronary Thrombosis	4 days
Due to Fatty Degeneration of Heart	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: X Lidwien Echavarria M. D.
Address: 3921 Brigham St. Date signed: 12/29/39
Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12224

(48)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. 8331-Dale Dr. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Frances Cornelia Whaley If U. S. Veteran, specify WAR

(a) Residence: No. 8331 = Dale Drive Silver Spring St., Ward.

(Usual place of abode) md

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Everett B. Whaley

6. DATE OF BIRTH (month, day, and year) May 6-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
~~5~~	81	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfax County Virginia

FATHER

13. NAME James Lewis Cross

14. BIRTHPLACE (city or town) (State or country) Fairfax County Virginia

MOTHER

15. MAIDEN NAME Lucy Byrd M. Fitzhugh

16. BIRTHPLACE (city or town) (State or country) Fairfax County Virginia

17. INFORMANT Lucy Jones Watkins

(Address) 611 Jefferson N.W. Wash. D.C.

18. ~~BURIAL, CREMATION, OR REMOVAL~~

Place Occoquan, Va. Date Dec. 6, 1939

19. UNDERTAKER Harry Clum May

(Address) 8424 Ta Ave. Md

20. FILED Dec 6, 1939 F. E. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 6th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Dec. 6, 1939

I last saw her alive on Dec. 4, 1939; death is said to have occurred on the date stated above, at 1:45 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus c̄ metastasis to liver and stomach	6-38

Other Contributary Causes of Importance:

General debility and senility	9-9-39

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis L. Richards M. D.

(Address) 118 Carroll Ave. Takoma Park Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 8 1930
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12225

STATE OF MARYLAND—CERTIFICATE OF DEATH

(95-E)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 211

Village or City Nr. Hyattstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Idella Wilson If U.S. Veteran specify WAR.

(a) Residence: No. Nr. Hyattstown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Wilson

6. DATE OF BIRTH (month, day, and year): 1874

7. AGE: Years 64 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House keeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 12-1 1939

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nr. Hyattstown Montgomery Co

FATHER

13. NAME: John Bruce

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mariah Ridgley

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): William Wilson Hyattstown Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Nr. Hyattstown Date 12-4, 1939

19. UNDERTAKER (Address): Hilton & Burdette Hyattstown Md.

20. FILED Dec 4th, 1939 W. E. Lewis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 2, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1939, to December 2, 1939

I last saw her dead on arrival Dec. 2, 1939; death is said to have occurred on the date stated above, at 7 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. V. Hartley M. D.

(Address) Rockville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Cook
38 Montg. Ave.
Mrs. Tremearne
19 W. Balto. St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12226

Reg. Diat. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Kensington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital or institution~~: Mc Comas Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montg.
City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Mc Comas Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rosie H. Windsor

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband Richard H. Windsor
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 8, 1871

8. AGE:

Years	Months	Days	If less than one day
68	6	8	____ hrs. ____ min.

9. Birthplace Prince Geo. Co., Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Charles Hutchinson
13. Birthplace Prince Geo. Co., Md.
MOTHER 14. Maiden name Mary Windsor
15. Birthplace Prince George's Co., Md.
16. Informant Evelyn Curry
Address Silver Spring, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1939 (month) (day) (year)
Cemetery or crematory Epiphany Church Yard
Location Forestville, Md.
18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.
19. Dec. 18 1939 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 1939, to Dec 16 1939, and that I last saw h[illegible] alive on Dec 16 1939.

	DURATION
Immediate cause of death Myocardial decompensation & Congestive failure	6 weeks
Due to Degenerative heart disease	?
Due to Generalized arteriosclerosis	?
Other conditions Chronic interstitial nephritis & indirect inguinal hernia	? ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ injured at work?

23. SIGNATURE J. Wilkins Cooch, M.D. M. D. or other
Address Kensington, Md. Date signed 12-18-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12227

CERTIFICATE OF DEATH

(93C)

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Olney Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Olney Md
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 4 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md - County Montgomery
City or town Olney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Ida Melissa Worthington

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem.	white	married -

6 (b) Name of husband or wife John T. Worthington
6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov 2 - 1864

8. AGE:

Years	Months	Days	If less than one day
75	1	0	____ hrs. ____ min.

9. Birthplace Unity - Mont Co - Md -
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business Own home
FATHER 12. Name Franklin Groomes -
13. Birthplace Mont Co. Md -
MOTHER 14. Maiden name Mary M Stabbs -
15. Birthplace Mont Co Md -
16. Informant Mrs Jos J. Sutton
Address Brookeville R F D -
17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec 4 1939 (month) (day) (year)
Cemetery or crematory St Johns Olney
Location Olney Md
18. Funeral director Roy W Barber
Address Ellicott City Md
19. Dec 3 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 - 1939, at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1939, to Dec 2 - 1939 and that I last saw her alive on Dec 2 - 1939

Immediate cause of death	DURATION
Chronic Myocarditis	7 mo
Due to Chr. Bronchitis	9 mo
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Chas E Tomlinson MD
M. D. or other
Address Sandy Spring Md Date signed 12-2-39

RECEIVED
JAN 10 1940
BUREAU V. ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12228

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Montgomery

City or town Cedar Grove Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Near Damascus Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward A Wyvill

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Augusta Wyvill

6(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.): Sept 11, 1850

8. AGE: Years 89 | Months 3 | Days 13 | If less than one day ___ hrs. ___ min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business: Farm

FATHER

12. Name: Unknown

13. Birthplace: —

MOTHER

14. Maiden name: Unknown

15. Birthplace: —

16. Informant: Mr. Geary Ray

Address: Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26 1939 (month) (day) (year)

Cemetery or crematory: Damascus Md

Location: Mont Co Md

18. Funeral director: Roy W Barber

Address: Laytonsville Md

19. Dec 25 1939 (Date rec'd by registrar) Della N. Burdette Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1939, at 11 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 14 1939, to Dec 23 1939, and that I last saw him alive on Dec 23/39 19

Immediate cause of death: Pulmonary Edema due to myocardial weakness

Due to: Primary: Arteriosclerosis and Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Unknown; Unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Vernon H Dyson M. D. or other

Address Laytonsville Md Date signed Dec 25/39

RECEIVED
JAN 8 1910
BUREAU V. S.